

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/518856** FILING DATE _____
APPLICANT(S) _____

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | 2 | ↓ | 2 | ↓ | | ↓ |
| TOTAL DEP. | 10 | ← | 18 | ← | | ← |
| TOTAL CLAIMS | 12 | [REDACTED] | 20 | [REDACTED] | [REDACTED] | [REDACTED] |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| TOTAL IND. | | | | | ↓ | |
| TOTAL DEP. | | ← | | | ← | ← |
| TOTAL CLAIMS | | [REDACTED] | | [REDACTED] | [REDACTED] | [REDACTED] |